

Please print all information. Use Black Ink (ONLY).

SPRING 2004 ADULT BASEBALL ROSTER

City of Tempe Parks and Recreation
Sports League Registration / Roster Form

TEAM NAME: _____

MANAGER: _____

ADDRESS: _____ CITY: _____ ZIP: _____

(H) PHONE: (____) _____ (W) PHONE: (____) _____

CELL PHONE: (____) _____ PAGER: (____) _____

E-MAIL ADDRESS: _____

"I have read and agree to all the rules of the City of Tempe League and verify to the best of my knowledge

Manager's Signature: _____ Date: _____

OFFICE USE ONLY / VERIFICATION OF TEMPE RESIDENTS		
Registration Status: 75% 50% 25% Open		
Tempe Residents	Non-residents	Percentage of Tempe Residents
		0%

Team Roster: Name	Address	City	Zip	Home Phone	Work Phone	E-mail
1) Manager:				()	()	
2) Asst. Manager:				()	()	
3)				()	()	
4				()	()	
5				()	()	
6				()	()	
7				()	()	
8				()	()	
9				()	()	
10				()	()	
11				()	()	
12				()	()	
13				()	()	
14				()	()	
15				()	()	
16				()	()	
17				()	()	
18				()	()	